

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$850.00 for date of service, 06/05/01.
- b. The request was received on 02/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. Request for reconsideration letter dated 07/19/01
 2. HCFA 1500
 3. EOB(s)
 4. Operative Note
 - b. Additional documentation requested on 04/18/02 and received on 04/25/02
 1. Position statement dated 04/25/02
 2. Request for reconsideration letter dated 07/19/02
 3. HCFA 1500
 4. EOB(s)
 5. Operative Note
 6. Example EOBs from other Carriers
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Initial Response to Requestor's TWCC-60 dated 02/20/02
 1. Request for reconsideration letter dated 07/19/01
 2. HCFA 1500
 3. EOB(s)
 4. Operative Note
 - b. Additional documentation requested on 04/18/02; however, no additional information is found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 04/25/02. The carrier did not respond to the additional documentation. It's initial response is reflected in Exhibit II.

4. Notice of additional information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 04/25/02

“We are writing in order to request medical dispute resolution for the above date of service. On 7-13-01 the insurance carrier reviewed and reduced this bill. We sent a request for reconsideration dated 7-19-01 and the carrier stated in their response on 2-8-02 that this is ‘incidental to obtaining the graft.’ This is incorrect because code 27299-51 is not listed in the fee guidelines, so the unlisted procedure code must be used. We feel we have billed these procedures fair and reasonable and they should not be considered global. We are requesting your help in resolving this dispute for the above mentioned issue.”

2. Respondent: No response statement found in file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/05/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$850.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “G – THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED.”
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$850.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/05/01	27299 51	\$850.00	\$0.00	G	DOP	1994 Global Service Data for Orthopaedic Surgery (GSDOS); MFG; SGR (I) (D); CPT Descriptor	The Carrier has denied this service as "G – THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED." The Requestor's primary procedure is CPT Code 63047 and has listed this DOP in dispute as "Reconstruction of Iliac Crest". Pursuant to the GSDOS, this service is not global to the primary procedure billed. Therefore, additional reimbursement of \$425.00 (50% of MAR) is recommended.
Totals		\$850.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$425.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$425.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of October 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division
 DT/dt